APPLICATION FOR VARIANCE BOARD OF ZONING APPEALS ANTWERP, OHIO

Application No:

Name of Applicant:		
Mailing Address:		
Phone No. Cell:	Business:	
Email:		
1. Location Description: Subdivision Name: _ (If not in a platted subdivision attach a legal of		_ Lot No
2. Nature of Variance: Describe generally the	nature of the variance:	

In addition, plans in triplicate and drawn to scale must accompany this application showing dimensions and shape of the lot, the size and locations of existing buildings, the locations and dimensions of proposed buildings or alterations, and any natural or topographic peculiarities of the lot in question.

3. Justification of Variance: In order for a variance to be granted, the applicant must prove to the Board of Zoning Appeals that the following items are true: (Please attach these comments on a separate sheet)

- A. special conditions exist peculiar to the land or building in question
- B. that a literal interpretation of the ordinance (resolution) would deprive the applicant of rights enjoyed by other property owners
- C. that the special conditions do not results from previous actions of the applicant
- D. that the requested variance is the minimum variance that will allow a reasonable use of the land or buildings

I certify that the information contained in this application and its supplements is true and correct.

Applicant Signature

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Application N	0:
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For official use only - To be filled out by Village personnel only
Date submitted: \$50.00 fee paid:yes / no Check #
Date received (Only to be filled out by Chairperson):
Date the announcement was submitted to the paper: by:
dentify Parties of Interest:
Date the letters to Parties of Interest were placed in the mail (1st class) : (minimum 10 days prior to hearing) Prepared by:
Date the Announcement ran in the paper: (minimum 10 days prior to hearing) Date of Hearing :
Section 416 PUBLIC HEARING BY BOARD OF ZONING APPEALS. The Board of Zoning Appeals shall hold a public hearing within thirty (30) days after the receipt of an application for an appeal or variance from the Zoning Inspector or an applicant.
Action taken by the Appeals board: (check one) Approved: Denied: Approved with Supplementary Conditions
Supplementary Conditions or Reason for Denial:
Board Member Signatures: Date: